

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>INTECH 3.0-088 03 P 50512 US</b>	
		First Inventor <b>Joerg Mellmann</b>	
		Title <b>SYSTEM AND METHOD OF CORRECTING MASK RULE VIOLATIONS AFTER OPTICAL PROXIMITY CORRECTION</b>	
		Express Mail Label No. <b>EV342610995US</b>	

  

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>21</b>]</span> <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, e table, or a computer program listing appendix</li><li>- Background of the invention</li><li>- Brief Summary of the invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>6</b>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>2</b>]</span><ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></li></ul></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of <small>(when there is an assignee)</small> Attorney</span></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure <span style="float: right;"><input type="checkbox"/> Copies of IDS <small>Statement (IDS)/PTO-1449 Citations</small></span></p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span></p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; text-align: center;">000530</span>		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

  

Name (Print/Type)	Daryl K. Neff	Registration No. (Attorney/Agent)	38,253
Signature		Date	August 25, 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003				Complete if Known	
Effective 01/01/2003, Patent fees are subject to annual revision.				Application Number	Not Yet Assigned
				Filing Date	Concurrently Herewith
				First Named Inventor	Joerg Mellmann
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.	INTECH 3.0-088 03P50512 US
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)		768.00	

  

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				<b>3. ADDITIONAL FEES</b>  <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">12-1095</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">Lerner, David, Littenberg, Krumholz &amp; Mentlik, LLP</span>																																																																																																																																																																																									
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																									
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td>Total Claims</td> <td><span style="border: 1px solid black; padding: 0 10px;">21</span></td> <td>-20** =</td> <td><span style="border: 1px solid black; padding: 0 10px;">1</span></td> <td>x</td> <td><span style="border: 1px solid black; padding: 0 10px;">18.00</span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 0 10px;">18.00</span></td> </tr> <tr> <td>Independent Claims</td> <td><span style="border: 1px solid black; padding: 0 10px;">3</span></td> <td>-3** =</td> <td><span style="border: 1px solid black; padding: 0 10px;">0</span></td> <td>x</td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 0 10px;">0.00</span></td> </tr> <tr> <td>Multiple Dependent</td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> <td></td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> <td></td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;"><b>SUBTOTAL (2)</b> (\$) <span style="border: 1px solid black; padding: 0 20px;">18.00</span></p> <p style="font-size: 0.7em;">**or number previously paid, if greater; For Reissues, see above</p>				Total Claims	<span style="border: 1px solid black; padding: 0 10px;">21</span>	-20** =	<span style="border: 1px solid black; padding: 0 10px;">1</span>	x	<span style="border: 1px solid black; padding: 0 10px;">18.00</span>	=	<span style="border: 1px solid black; padding: 0 10px;">18.00</span>	Independent Claims	<span style="border: 1px solid black; padding: 0 10px;">3</span>	-3** =	<span style="border: 1px solid black; padding: 0 10px;">0</span>	x	<span style="border: 1px solid black; padding: 0 10px;"></span>	=	<span style="border: 1px solid black; padding: 0 10px;">0.00</span>	Multiple Dependent	<span style="border: 1px solid black; padding: 0 10px;"></span>		<span style="border: 1px solid black; padding: 0 10px;"></span>		<span style="border: 1px solid black; padding: 0 10px;"></span>	=	<span style="border: 1px solid black; padding: 0 10px;"></span>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																							
Total Claims	<span style="border: 1px solid black; padding: 0 10px;">21</span>	-20** =	<span style="border: 1px solid black; padding: 0 10px;">1</span>	x	<span style="border: 1px solid black; padding: 0 10px;">18.00</span>	=	<span style="border: 1px solid black; padding: 0 10px;">18.00</span>																																																																																																																																																																																		
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Multiple Dependent	<span style="border: 1px solid black; padding: 0 10px;"></span>		<span style="border: 1px solid black; padding: 0 10px;"></span>		<span style="border: 1px solid black; padding: 0 10px;"></span>	=	<span style="border: 1px solid black; padding: 0 10px;"></span>																																																																																																																																																																																		
Large Entity		Small Entity		Fee Description	Fee Paid																																																																																																																																																																																				
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																																																																						
1202	18	2202	9	Claims in excess of 20																																																																																																																																																																																					
1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																					
1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																					
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																					
Other fee (specify) _____ *Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> (\$) <span style="border: 1px solid black; padding: 0 20px;">0.00</span>																																																																																																																																																																																									

  

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Daryl K. Neff	Registration No. (Attorney/Agent)	38,253
Signature		Telephone	(908) 518-6396
		Date	August 25, 2003